

**"EXPRESS MAIL" MAILING LABEL**

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

TYPED NAME A. Todd A. Lorenz

SIGNED

17497 U.S. PTO  
10/804763

031904

Yan QI, Xianghua Zhang and Paula J. Konigsberg

For:

## GENE THERAPY VECTORS HAVING REDUCED IMMUNOGENICITY

Enclosed are also:

X 51 sheets of Specification, Abstract and Claims  
X 43 sheets of drawings. Formal \_\_\_, Informal X  
\_\_\_ Combined Declaration and Power of Attorney for Patent Application  
\_\_\_ Declaration for Patent Application  
\_\_\_ An Assignment of the invention to: \_\_\_\_\_  
\_\_\_ Power of Attorney by Assignee  
\_\_\_ Information Disclosure Statement, PTO 1449 & \_\_\_ references  
\_\_\_ Applicant claims small entity status. See 37 CFR 1.27.  
\_\_\_ Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i)  
X This application claims priority to U.S. Provisional Patent Application Serial No. 60/456,378, filed March 19,  
2003.

	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			RATE	FEE	RATE	FEE
BASIC FEE				\$ 385		\$ 770
TOTAL CLAIMS	___ - 20 =	___	x 9 =	\$ ___	x 18 =	\$ ___
INDEP CLAIMS	___ - 3 =	___	x 43 =	\$ ___	x 86 =	\$ ___
MULTIPLE DEPENDENT CLAIM PRESENTED [ ]			+145 =	\$ ___	+290 =	\$ ___
If the difference in Col 1 is less than zero, enter "0" in Col. 2			TOTAL	\$ ___	TOTAL	\$ ___

  X   Our check in the amount of \$ 385 to cover the filing fee is enclosed.  
       NO check is enclosed.  
       The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 50-2319 (Our Order No. A-72186-1/MJM/TAL/DCF (471702-00008)).

Date:

3/19/04

Todd A. Lorenz, Reg. No. 39,754

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